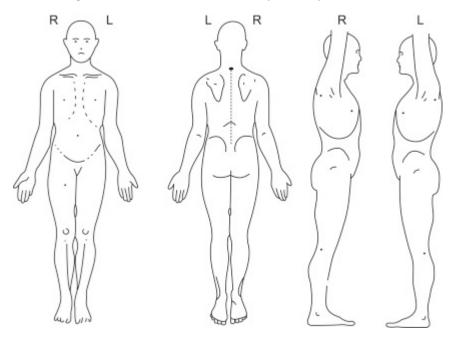
BRIEF PAIN INVENTORY

On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts most.



2. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

0 - No Pain

2

4

5

10 - Pain as bad as you can imagine

3. Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

1

2

3

3

5

0 - No Pain

0 - No Pain

0 - No Pain

10 - Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain on average.

2

3

5

10 - Pain as bad as you can imagine

10 - Pain as bad as you can imagine

5. Please rate your pain by circling the one number that tells how much pain you have **right now**.

0

1

2

3

5

10

- 6. What treatments or medications are you receiving for your pain?
- 7. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that best shows how much relief you have received.

10%

20%

30%

40%

50%

60%

70%

80% 90% 100%

0% - No relief

100% - Complete relief

8. Circle the one number that describes how, during the past 24 hours , pain has interfered with y a. General activity												vith your:	
		0	1	2	3	4	5	6	7	8	9	10	
		0 – Does not interfere 10 – Completely interferes											
b.	Mood												
		0	1	2	3	4	5	6	7	8	9	10	
		0 – Doe	es not int	erfere					10 – Completely interferes				
c.	c. Walking ability												
	Ū	0	1	2	3	4	5	6	7	8	9	10	
		0 – Doe	es not int	erfere					10 – Completely interferes				
d. Normal work (includes both outside the home and housework)													
		0	1	2	3	4	5	6	7	8	9	10	
		0 – Doe	es not int	erfere					10 – Completely interferes				
e. Relations with other people													
		0	1	2	3	4	5	6	7	8	9	10	
		0 – Does not interfere 10 –								- Completely interferes			
f	Sleep												
١.	Sieeh	0	1	2	3	4	5	6	7	8	9	10	
		0 – Does not interfere			3	7	5	U	=	omplete			
		0 – Poes not interiere 10 – C									iy iiitei	16163	
g. Enjoyment of life													
		0	1	2	3	4	5	6	7	8	9	10	
		0 – Does not interfere 10 – Completely interferes											

Brief Pain Inventory Scoring Instructions

- Pain Severity Score
 - This is calculated by adding the scores for questions 2, 3, 4, and 5 and then dividing by 4.
 - This gives a severity score out of 10.
- Pain Interference Score
 - This is calculated by adding the scores for questions 8a, b, c, d, e, f, and g and then dividing by 7.
 - This gives an interference score out of 10.